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EDITORIAL

AUTHORS:

CARVALLO, HÉCTOR* AND HIRSCH, ROBERTO**

*EX PROFESSOR OF INTERNAL MEDICINE

**EX PROFESSOR OF INFECTOLOGY BUENOS AIRES ARGENTINA

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As never before – in the 21st century – the current and seemingly endless SARS COV2 pandemic has revealed a disturbing fact: it is not the large healthcare structures or the centers of excellence in people's care that determine success or failure, of medical action.

On the other hand, it is the criteria and the norms that emanate from them that can cause everything listed above to fail. Below - and at the risk of this seeming self-referential - we will review the ten medical decisions that were strictly and univocally followed at a global level, and that determined that so many fatalities were lamented. We will not stop to discuss whether SARS COV2 emerged from the main Virological Research Center in Wuhan (China), or from a species jump in a vulgar market located in the same city. It is not our responsibility to do so, although the second option seems highly unlikely to us. Instead, we will go on to list the blunders in judgment that occurred after its appearance.

MISTAKE #1:

"There is no treatment to confront the virus"

When a Doctor is faced with the unknown, and that situation implies a vital risk for his patient, it is the Doctor's inalienable duty to try as many options as are available to him. The only unforgivable behavior is to do nothing.

MISTAKE #2:

"The patient must be diagnosed by PCR"

In any epidemic, any case that occurs must be considered – prima facie – as epidemic, unless the opposite is later proven. In these situations, it is always preferable to over-medicate rather than under-medicate. Furthermore, the PCR method has not been accurate, as increasing or decreasing the cycling used has led to gross failures in sensitivity and specificity.

MISTAKE #3:

"Once diagnosed, the patient must remain isolated at home, and only go to the Hospital if they have respiratory difficulty, since there is no treatment"

This was one of the most unfortunate decisions in managing the pandemic. First of all, there have always been effective treatments (hydroxychloroquine, ivermectin, azithromycin + doxycycline, etc.); However, instead of encouraging their use, there was an attempt to hide their effectiveness, and even discredit them through scientifically fraudulent means. Secondly, it is a dogma of Medicine that any treatment will have a greater chance of success the earlier it is applied. Thirdly, deciding the lack of treatment based on the fact that the initial studies were not done in a randomized, double-blind manner and versus placebo, implies a total ignorance of the Helsinky protocols. And, finally, in the case of a contagious disease, the index case and the entire cohabiting group must be treated simultaneously.

MISTAKE #4:

"If the patient presents, he must be admitted, if he presents desaturation , he must receive mechanical respiratory assistance immediately"

Hyperinflation of a lung affected by interstitial pneumonitis produces barotrauma, which does nothing other than worsen the pathological situation, and reduce the chances of survival.

MISTAKE #5:

"Dying from COVID is the same as dying with COVID"

This concept was not expressed out loud, but was applied tacitly and universally. Any patient admitted to the hospital was tested for COVID. Despite the limitations of the method (see ERROR # 2), positivity was used to label CO-

VID with bone fractures, appendicitis, heart attacks, and even traffic accidents. And the deaths caused by these emergencies were classified as "COVID deaths," making the final fatality numbers not – at all – reliable.

MISTAKE #6:

"Children do not suffer from the disease"

This error was the dominant concept during 2020. However, it had already been shown in large cohorts in Israel that, while the parents presented positive antigens for the virus, the children presented positive antibodies, which showed that the infants had been infected first, and were the source of infection to be treated primarily.

MISTAKE #7:

"The only valid therapeutic option is vaccines"

History will show – in the future – that this concept is not only scientifically erroneous, but malicious and tends to obtain spurious benefits , which have nothing to do with Medicine. In the words of the late Nobel Prize winner in Medicine "...trying to use vaccines against a virus with a great capacity for mutation is an unforgivable mistake..."

MISTAKE #8:

"Children are contagious, and should be vaccinated"

This concept replaced #6, starting in 2021, with the advent of vaccines. Although we agree that children are a source of contagion, the risk/benefit evaluation of vaccination has never justified considering vaccines as the method of choice; On the other hand, any product that interferes with the colonization of the virus in the upper airway would be sufficient to break the chain of contagion.

MISTAKE #9:

"Masks are effective in preventing the transmission of the virus"

This concept is only a half-truth and – therefore – can also be considered a half-lie. The rules of physics are indisputable: the viral diameter is infinitely smaller than the best mesh of the best masks. On the contrary, this framework implies a reduction in the entry of air into the respiratory system of close to 20%, with the consequent reduction in correct oxygenation (with prolonged and/or permanent use).

MISTAKE # 10:

"Global isolation was essential"

The deterioration in the quality of life, in the innate sociability of human beings, the stigmatization that occurred, and the collapse of the standard of living that affected all countries in the world, will take very long time to reverse.

And there is not a single reliable study – worldwide – that has justified the application of this erroneous measure.

This small compilation work could be transformed – very easily – into a much more extensive list. Gross errors have been made through action, omission, unquestioned compliance, fear, ignorance and even more murky motives. That is why we have included some thorough articles about all this in Vol 2 N° 2.

Because we far prefer a disturbing truth than a pleasant lie.